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Cambridgeshire County Council

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# ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

Administrative County of Cambridge,

*For the Year 1926.*

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CAMBRIDGE :

"Cambridge Chronicle," Ltd.,  
9, Market Hill.



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## GENERAL STATISTICS.

Area (acres)	...	...	...	...	314,520
Population—Census, 1921	...	...	...	...	129,602
	Estimated 1926 for birth-rate				129,020
	„ „ „ death-rate				128,470
Inhabited Houses (1921)	...	...	...	...	31,790
Families or Separate Occupiers (1921)				...	32,882
Rateable Value	...	...	...	...	£908,460
Product of a Penny Rate		...	...	...	£3,287

## EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

				<i>Total.</i>	<i>Male.</i>	<i>Female.</i>
Births.	Legitimate	...	...	1875	989	886
	Illegitimate	...	...	89	45	44
	(Birth Rate 15.2 per 1,000).					
Deaths	...	...	...	1522	724	798
	(Death Rate 11.8 per 1,000).					
Deaths of Women in Child-birth from sepsis	...	...	...	...	...	2
„ „ „ „ other causes	...	...	...	...	...	5
Deaths of Infants per 1,000 births:						
	Legitimate 50.	Illegitimate 112	...	Total	53	
Deaths from Measles (all ages)	...	...	...	...	...	5
„ „ Whooping Cough (all ages)	...	...	...	...	...	4
„ „ Diarrhoea (under 2 years)	...	...	...	...	...	2

## STAFF.

Whole time officers of the County Council:—

FRANK ROBINSON, M.D., D.P.H., *Medical Officer of Health and School Medical Officer.*

JESSIE H. GELLATLY, M.D., D.P.H., *Assistant do.*

W. PATON PHILIP, M.C., M.B., CH.B., *Tuberculosis Officer.*

J. C. G. EVERED, L.D.S. (EDIN.), *School Dentist.*

G. G. GALPIN, *Chief Clerk, and Enquiry Officer under the Mental Deficiency Act.*

Services in connection with the County Public Health Department are also rendered by the following:—

W. H. HARVEY, M.D., *Bacteriologist.*

L. COBBETT, M.D., F.R.C.S., *Pathologist.*

MISS E. BILLS, *Superintendent of County Nursing Association, and Inspector of Midwives.*

## PHYSICAL FEATURES AND SOCIAL CONDITIONS.

Details were given in the Survey Report for 1925.

## GENERAL PROVISION OF HEALTH SERVICES.

Details were given in last year's Survey Report and it is only necessary to make special reference to hospitals, maternity homes, and hospital provision for maternity cases.

*Isolation Hospitals.*—There is no change to record as regards hospitals for the reception of cases of infectious disease. There are four such institutions, provided by the Cambridge Town Council, and by the Councils for the Rural



Districts of Chesterton, Melbourn and Newmarket. Annual grants towards the cost of upkeep are made by the County Council except in the case of Chesterton, for which a lump sum grant towards the original capital cost of construction was made in the first instance. The other three hospitals were inspected during the year and grants approved to the amount of £775 subject to certain conditions in the cases of the Melbourn and Newmarket Hospitals.

The Cambridge Isolation Hospital is a permanent structure of 62 beds, accommodating several diseases at once. Electric light was installed in the wards during the year and proved a great convenience. This hospital also accommodates, for payment, cases from the Rural Districts of Caxton, Linton and Swavesey, which have no hospital, and occasional cases from other Districts.

The Isolation Hospital at Royston serves the Melbourn Rural District in the County jointly with a Hertfordshire District. It is a small permanent structure with one ward pavilion, and can therefore only accommodate one disease at a time. On air-space it is equivalent to an 8-bed hospital, but can accommodate more on occasion. The County Council made its annual grant conditional on redecoration of the internal walls of the pavilion being carried out.

Exning Isolation Hospital serves the Newmarket Rural District jointly with a District of West Suffolk. It is a permanent structure of four small wards, with a separate observation block of two beds. A satisfactory building was provided during the year to house the Thresh disinfector, but the accommodation for the nursing and domestic staff is very inadequate, and the observation block cannot be put to its proper purpose, as it is used for dormitory accommodation for the staff. The County Council made the payment of their usual grant conditional on a definite

assurance being received that these defects would be remedied without delay. It is understood that negotiations have taken place with the Ministry of Health.

The Chesterton Rural District is served by the small hospital at Oakington, with a temporary pavilion and a separate permanent building as a home for the nurses. Only one disease can be accommodated at the same time.

The one smallpox hospital is a temporary building provided by the Cambridge Town Council on the outskirts of the borough. It contains 8 beds, and can be rapidly expanded. The Town Council have agreed to receive cases from the Rural Districts as far as practicable.

*Maternity Homes.*—The Midwives and Maternity Homes Act of 1926 contains provisions to ensure the suitability and good management of premises to which women are admitted in connection with their confinement. Such premises are to be registered and approved and subsequently supervised, and penalties are provided for reception of women in unregistered premises. Where certain specified circumstances exist, premises can be exempted from the requirement to register, but it should be understood that, with such exceptions, it is now a punishable offence to receive women for confinement without previous registration of the premises. It should especially be noted that no midwife may receive maternity patients into her house without previous registration.

The County Council are the Registration Authority for the whole of the Administrative County. They have approved and registered 7 premises as Maternity Homes, 5 in Cambridge, and 2 in Chesterton Rural District, and have, on application, exempted one institution from registration.



*Maternity Hospital.*—There is no maternity hospital in the area managed by a Local Authority, both Town and County Councils paying for maintenance of necessitous cases in Addenbrooke's Hospital, where the accommodation is admittedly inadequate to meet the pressing needs both of the Borough and the rural area. The very successful experience of the maternity scheme administered by the Radcliffe Infirmary, Oxford, with the aid of grants from the City and County Councils, has led the County Maternity and Child Welfare Committee to the view that such a scheme can be administered most successfully in connection with Addenbrooke's Hospital, an essential feature being the establishment of an ante-natal clinic as well as the necessary maternity beds. Further conferences have taken place with representatives of the Town Council, with a view to ascertaining whether a joint scheme can be arranged, and negotiations are still continuing.

## MIDWIVES ACTS.

The County Council are the Local Supervising Authority for the Administrative County, but to facilitate the working of the Maternity and Child Welfare scheme of the Borough of Cambridge, certain powers and duties under the Midwives Act were delegated to the Town Council prior to the Midwives Act, 1918. The services of the County Council's Inspector of Midwives are utilised for inspection purposes.

During the year, 159 routine visits of inspection were paid to midwives by the Inspector, 28 in Cambridge Borough and 131 in the rural area. Special enquiries to the number of 53 were also made from time to time as occasion arose.

The area is fortunate in that all but two of the practising midwives are trained women. The following is the number of women who notified their intention to practise in the years specified:—

			<i>Trained.</i>	<i>Untrained.</i>	<i>Total.</i>
January, 1906	...	...	24	42	66
,, 1926	...	...	50	3	53
,, 1927	...	...	54	2	56

Of the 56 midwives who, in January, 1927, notified their intention to practise throughout the year, 13 reside in Cambridge (all trained), and 43 (41 trained, 2 untrained) live in the rural area. This represents an increase of 3 on the previous year. Altogether 67 notifications were received during the calendar year 1926, some being due to holiday duty undertaken for District Nurses. With two exceptions, all the trained midwives practising regularly in the rural area are District Nurses.

To assist financially in the formation of an adequate midwifery service, the County Council give scholarships for the training of Nurse-Midwives and make grants in aid of District Nursing Associations who employ them. This policy has the advantage of encouraging the provision of general nursing for the sick poor at the same time. During the year 2 nursing scholarships of the value of £75 each were granted, making a total of 34 scholarships granted since 1913. Maintenance grants to a total of £80 were also made to 4 District Nursing Associations during the year in respect of the services of the Nurse-Midwives in their employ.

The fact that there are now 54 trained women at work, against 24 when the Act first came into operation, is largely due to the activities of the County Nursing Association and to the grants made by the County Council towards the

training and maintenance of Nurse-Midwives. During 1926 one new District Nursing Association employing a Nurse-Midwife started work. Cambridge appears to be adequately provided with midwives, and out of 129 rural parishes with a Census population of 70,338, the number of parishes without a Nurse-Midwife has been reduced to 26, with a combined population of 7,700.

Apart from intention to practise and change of address, notifications received from midwives numbered 230, against 235 in 1925. They comprised medical help for mother 144, for infant 39, liability to be a source of infection 12, death of infant 7, still-birth 21, laying out the dead 3, and artificial feeding 4. Special investigations are made into any of the cases notified as occasion requires, all cases of rise of temperature, infection, death, and inflammation of the eyes being investigated as a routine measure. Of 13 notifications of liability to be a source of infection, the midwife proved to have been exposed to ordinary infectious diseases of childhood in 8 instances, in 2 she had attended a case of puerperal sepsis under the direction of a doctor, and 3 were suspected cases not definitely confirmed. Of 7 cases of rise of temperature enquired into, 5 proved to be due to non-infectious causes, one of influenza, and one doubtfully due to puerperal sepsis. No death of a mother occurred in the practice of a midwife, and of the 5 deaths of infants 2 proved to be due to dangerous feebleness at birth, 2 to other natural causes, and one found dead in bed. There were only 2 notified cases of inflammation of the eyes of the infant, one slight and one severe; both recovered.

The proportion of total births in the Administrative County to which medical aid for mother or infant was summoned by midwives in circumstances of difficulty rose from 5.2 per cent. in 1919 to 9.9 in 1925, and was 9.3 per cent. in 1926. Omitting aid for infants from consideration,

the number of mothers thus aided in connection with pregnancy or confinement was 144 in 1926, against 155 in 1925. Claims for payment of the doctor's fee under the provisions of the Midwives Act, 1918, were received in respect of 152 cases out of 183 in which the doctor was summoned to attend either mother or infant, as compared with 153 claims received in 1925. Where practicable some portion of the fee is received from the patient. A grant is made by the County Council to the Surgical Aid Association for their services in assessing and collecting payments in Cambridge Borough.

The Midwives and Maternity Homes Act of 1926 removes the necessity for proving that an uncertified woman practising as a midwife does so "habitually and for gain." This removes an obstacle which stood in the way of conviction for unregistered practice. The offence now is for any woman not certified under the Act to attend a woman in childbirth except under the direction and personal supervision of a doctor, unless it can be proved that the case was genuinely one of sudden or urgent necessity. This should prevent any arrangement under which an unregistered person attends a confinement by herself, calls in a doctor afterwards, and pleads in protection that she has conducted the case under his direction.

## MATERNITY AND CHILD WELFARE.

The maternity and child welfare scheme for the Borough of Cambridge is administered by the Town Council, and that for the rural area of the County by the County Council.

*Cambridge Borough.*—Under the Notification of Births Act, 1907, there were notified 894 births, or 96.3 per cent. of the total 928 births registered, against 99.2 per cent. in



1925. Of the total notifications, 70.6 per cent. were received from midwives, 14.2 per cent. from doctors, and 13.2 per cent. from relatives.

The following is a record of the home visits paid by the two Health Visitors:—

First visits to Infants	...	...	...	680
Subsequent visits to Infants	...	...	...	2293
Visits to Children 1—5 years	...	...	...	884
First visits to Expectant Mothers	...	...	...	106
Subsequent visits to Expectant Mothers	...	...	...	29
Other Cases Visited	...	...	...	1
				<hr/>
Total	...	...	...	3993
				<hr/>

Each of the four Maternity and Child Welfare Centres is in charge of a Lady Superintendent, who is a voluntary worker assisted by other voluntary workers and by one of the Town Council's two Health Visitors. The centres are open weekly and are attended by a doctor fortnightly. During the year 3,084 attendances were paid by 363 infants, and 1,206 attendances by 224 children aged one to five years. Dried milk, virol, cod liver oil and malt are supplied at the centres at a reduced rate or free, cases being investigated by the Central Aid Society and assessed within a fixed income scale.

So far, arrangements made at the Centres for antenatal advice have been little used, and the appointment of a specialist is suggested for consultations at the Centres. Arrangements have also been made for advice to be obtained at the Out-Patient Department of Addenbrooke's Hospital in special cases.

At the two Mothers' Welfare Centres, each held weekly, instruction is given in first aid, hygiene, children's

ailments, the health of mothers, the making of garments, etc., while instruction to girls in mothercraft was, during the year, extended to all the girls' schools.

A special feature of the Town Council's scheme is the provision for dental treatment of mothers and children below school age, now in operation for six years, under the direction of the Public Dental Officer. It includes expectant and nursing mothers in attendance at the Infant Welfare Centres, and aims at the prevention of dental caries by instructional methods, though much actual disease still of necessity calls for treatment. During the year 32 mothers and 191 children received treatment, including the provision of dentures in the adult cases. Dr. Laird advocates a systematic house-to-house visitation to ensure that simple domestic measures for prevention of dental decay are systematically carried out, and to secure the attendance of the children at the Centres until they come automatically within the school dental scheme.

*Rural Districts.*—The number of notifications received under the Notification of Births Acts during the year, 1,081, was 6 fewer than that recorded for the preceding year, births registered as having occurred during 1926 numbering 1,134, against 1,108 in 1925. After deducting 17 duplicates and 39 stillbirths, there remain 1,078 notified live births, or 95.1 per cent. of the total registered, as compared with 93.5 in 1925.

The proportion of notifications (546) by midwives continued to show an increase, being 50 per cent. compared with 48 per cent. in the preceding year, the proportion notified by medical practitioners (479) decreasing from 47.0 to 44.3, those received from relatives (56) remaining practically unchanged. Health Visitors and Masters of Poor Law Institutions also reported for visitation purposes



37 infants who came to their notice during the course of visitation of the homes or on discharge of the mother and infant from an Institution, as well as 103 children above the age of twelve months. The interchange of complete monthly lists of registered and notified births with the Registrars continues.

Under the scheme of home visitation carried out by the staffs of the County and District Nursing Associations for advice with regard to expectant and nursing mothers, infants and young children not yet at school, the total home visits paid were as follows:—

	<i>Expectant</i>		<i>Up to</i>	
	<i>Mothers.</i>	<i>Infants.</i>	<i>School Age.</i>	<i>Total.</i>
County Health Visitors	120	2466	5339	7925
District Nurses	... 2314	6312	10149	18775
<hr/>				
Total for 1926	... 2434	8778	15488	26700
,, ,, 1925	... 2103	9075	15557	26735

First visits to infants numbered 1,041, against 1,006 in the previous year. Viewed broadly, the work of visitation of mothers, infants and young children was maintained at the same level as in 1925. In view of the importance of ante-natal care in the interests of both mother and infant, it is very satisfactory to note the increase in the supervision given to expectant mothers. While the number of expectant mothers of all social classes showed an increase of 26 only on the previous year, 331 more home visits were paid to them than in that year. A larger number of mothers also came under supervision, 560 first visits being paid against 524 in 1925. The proportion of expectant mothers who were thus supervised was 49.4 per cent., against 20 per cent. in 1918, further maintaining the steady increase in the work done in this direction.

The Health Visitors undertook the home visitation of 50 children received by foster mothers for payment, as arranged between the Poor Law Guardians and the Maternity and Child Welfare Committee. As the Maternity and Child Welfare Authority have the duty of supervision of all infants and young children and are able to undertake this through a trained nursing staff, the transfer of children received for payment definitely to their care would be a very desirable amendment to the Infant Life Protection sections of the Children Act, in the event of this transfer not being brought about by reform of the Poor Law administration. A further desirable reform would be the prohibition, if practicable, of the payment of a lump sum directly to a foster parent (as opposed to endowment of the infant, quite a different matter), or, failing this, to require definite information to be given by the foster parent to the controlling authority, on request, regarding the financial arrangements entered into with the parent.

The County Council have no Maternity and Child Welfare Centres under their direct control, but they give financial assistance, where necessary, to voluntarily managed Centres. Of the 5 Centres at work, 3 received annual grants in aid. One new Centre will start work at Histon in 1927.

Difficulty has again been experienced in securing the services of home-helps, to whom the Council are prepared to pay an annual retaining fee, paying also part or the whole of the remuneration in individual necessitous confinement cases. Two home-helps were at work during the year, and gave domestic assistance in 13 cases where required. As explained in an earlier section of this report, there is no officially conducted Maternity Hospital, but the Council pay for the maintenance of necessitous women in

Addenbrooke's Hospital in cases of difficulty. During the year 17 mothers (including cases of puerperal sepsis) were maintained as in-patients at the cost of the Council, 10 Hospital out-patient letters were given for mothers and 17 for children, while 27 maternity cases were nursed in their homes under the Council's scheme. Fifty-seven mothers were referred to the Cambridge and County Surgical Aid Association with a view to assistance in obtaining dental treatment, spectacles and surgical appliances.

During the year the County Council maintained 6 cases (including 4 admitted since January 1st) in the Ely Diocesan Maternity Home, Cambridge, an institution for mothers with infants who are without the support of a father, in which the Council are entitled to fill two places.

The supply of fresh and dried milk to expectant and nursing mothers, infants and young children below school age, has been continued, 52 fresh families being added to the list of 42 actually in receipt of milk at the beginning of the year, making a total of 94 families supplied, compared with 80 in the previous year. Under the scheme approved by the Ministry, this assistance is limited to cases in which there are adequate medical as well as financial grounds.

As usual, addresses on health matters were given to Women's Institutes and Maternity and Child Welfare Centres by members of the staff of the Public Health Department, who also acted as judges at baby-shows voluntarily organised in various parishes. The sum allocated in the estimates to propaganda work was increased by the Council to £50, which was expended on the exhibition in the villages of two series of films, with introductory addresses. The film "Motherhood" and films on the care of teeth in children were shown in five parishes where there are no Centres, with the immediate result that a Centre is

now to be started at Histon. A new maternity film, "Empire Builders," dealing especially with ante-natal care, and films on the care of the teeth in both mothers and children, were shown in five parishes where Centres exist. The films met with a very favourable reception from the 570 women who attended, and the audiences would doubtless have been larger if influenza had not unfortunately become prevalent. The experience of the Committee is very encouraging for the expansion of educational work of this kind.

## TUBERCULOSIS.

The following figures relate to new cases of tuberculosis coming to knowledge of the Medical Officer of Health during the year, whether by notification or otherwise:—

<i>Age Periods.</i>			<i>New Cases.</i>			
			<i>Pulmonary.</i>		<i>Non-Pulmonary.</i>	
			<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0	...	...	—	—	1	—
1	...	...	—	2	5	4
5	...	...	10	15	4	7
10	...	...	9	8	3	4
15	...	...	12	14	4	2
20	...	...	18	12	4	6
25	...	...	30	40	5	4
35	...	...	30	15	1	1
45	..	...	21	15	2	—
55	...	...	8	8	1	1
65 and upwards			3	2	—	—
Totals			141	131	30	29



No action was called for during the year under the Public Health (Prevention of Tuberculosis) Regulations, 1925, or Section 62 of the Public Health Act, 1925.

The County Council provides supervision (but not treatment) in the homes, dispensary supervision and sanatorium accommodation for tubercular persons, whether insured or uninsured, and including ex-Service men.

*Dispensary and Homes.*—The Tuberculosis Dispensary at 1, Camden Place, Regent Street, Cambridge, serves the whole County area. The specialist staff consists of the Tuberculosis Officer, Dr. W. Paton Philip, and two Tuberculosis Nurses. In addition to consultations at the Dispensary the homes of the patients are visited periodically for supervision and advice, and contacts are examined as far as can be arranged, either in the homes or at the Dispensary. The volume of work undertaken at or in connection with the Dispensary during the year is indicated by the following figures:—

1. Cases examined or treated were as follows:—

				<i>Cambridge.</i>	<i>Rural.</i>	<i>Total.</i>
New Cases	...	...	...	415	279	694
Old	„	...	...	884	923	1807
				1299	1202	2501

2. Visits of Patients to Dispensary:—

				<i>Cambridge.</i>	<i>Rural.</i>	<i>Total.</i>
Insured Persons	...	...	...	592	262	854
School Children	...	...	...	122	89	211
Other Uninsured Persons	...	...	...	445	100	545
				1159	451	1610

## 3. Visits to Homes:—

(a) *Tuberculosis Officer*:—

			Cambridge.	Rural.	Total.
Insured	...	...	100	1163	1263
School Children	...	...	79	248	327
Other Uninsured	...	...	183	310	493
Total 1926			362	1721	2083
,, 1925			162	1500	1662

(b) *By Dispensary Nurses*:—

			Cambridge.	Rural.	Total.
Insured	...	...	354	308	662
Uninsured	...	...	689	457	1146
Total 1926			1043	765	1808
,, 1925			1145	759	1904

(c) *By General Nursing Staff*:—

			Cambridge.	Rural.	Total.
Insured	...	...	—	643	643
Uninsured	...	...	—	715	715
Total 1926			—	1358	1358
,, 1925			—	1400	1400

## Grand Total home visits:—

1926	...	...	1405	3844	5249
1925	...	...	1307	3659	4966

Full particulars as to co-operation with the officers of the Local Sanitary Authorities, the Local Education Authorities, Ministry of Pensions, Poor Law Guardians and



medical practitioners were given in the survey report for 1925, and need not be repeated here.

As aids to diagnosis, bacteriological and X-ray work are carried out by the Dispensary staff. Specimens of sputum examined bacteriologically during the year numbered 60, the tubercle bacillus being found in 10 specimens. Increasing use has again been made of X-rays diagnosis, 1,444 such examinations having been made in 1926. Of these, 834 were screening only, while a film was developed in 610 cases. Medical practitioners show an increasing tendency to send their patients for X-ray examination before notification, and the Council have included a sum in their estimates for an improved type of apparatus.

The scheme of dental treatment for tuberculous persons, which was commenced in 1924, developed during 1926, requiring more frequent attendances by the County School Dentist at the Dispensary on Saturday mornings for this purpose. Since the end of the year therefore it was resolved to expand the scheme so as to include persons undergoing treatment for tuberculosis who are either insured and not qualified for dental benefit or not in a position to receive dental treatment from their Society, or not insured and unable to provide it for themselves. Such persons are to pay as far as they are able, but not exceeding the scale agreed upon for members of Approved Societies.

During 1926, in addition to assistance in the purchase of artificial dentures, aid was also given in certain cases for the provision of splints and other surgical appliances.

Open-air shelters are lent by the Council for occupation both by adults and children, including those for whom it is judged that an open-air existence may suffice without admission to a sanatorium, cases awaiting admission and

others who have returned home at the termination of their course of treatment. Special regard is had to the sleeping accommodation available in the home. Six new shelters, with bedding outfits, were purchased during the year, bringing the number acquired up to 153.

*Care and After-Care.*—During the year, extra nourishment, chiefly milk, was supplied by the Public Health Committee to 44 tubercular children in the rural area not attending school. Ill-nourished children attending school receive malt and cod liver oil through the Education Committee, and these include tubercular children. To these may be added Cambridge school children who receive this benefit through the Cambridge Education Committee.

The Cambridgeshire After-Care Association deals with adult cases and is advised by the Tuberculosis Officer. Touch is kept with employers in the interests of the occupation of tubercular persons, both as regards the nature of the work and the hours of employment. Financial assistance is given with a view to an adequate food supply, the County Council making an annual grant of £100 to the Association mainly for this purpose. Funds are also received from Friendly Societies to supplement the earnings of those insured persons who are capable of doing light work, and it would be very helpful if this were more widely experienced. Other forms of assistance, including nursing, have also been given by the Association.

*Sanatorium Accommodation.*—The provision made by the County Council for civilian patients is for both insured and uninsured persons, including children. Preferential accommodation is found for ex-Service men, for whom the Treasury accept full responsibility. They are now, of course, a decreasing group, only 11 being admitted in 1926, compared with 62 in 1922. The following table shows that in addition to 11 ex-Service men, 77 insured persons (48

men, 29 women), 21 uninsured adults (2 men, 19 women), and 64 children were admitted to Sanatoria during the year, making a total of 173 admissions, 11 ex-Service and 162 Civilian.

		<i>In Sanat. Admitted. Discharged. Total</i>			
		<i>Jan. 1st,</i>		<i>Treated.</i>	
		1926.			
Men :					
Ex-Service	...	16	11	19	27
Insured Civilians		30	48	45	78
Uninsured	...	10	2	5	12
Women :					
Insured	...	17	29	30	46
Uninsured	...	12	19	24	31
Children	...	27	64	51	91
		<hr/>	<hr/>	<hr/>	<hr/>
Total in	1926	112	173	*174	285

\* Includes 11 deaths.

The County Council do not themselves manage a sanatorium, but pay for the maintenance of their patients in existing institutions. The men are almost all accommodated at the Papworth Tuberculosis Colony, where also some women and children are admitted. The reserved beds were increased by two added at Oak Bank during the year, and the total of 79 is now made up as follows:—

Papworth Tuberculosis Colony. Beds reserved for men, 30. All stages of pulmonary tuberculosis; also surgical cases.

Bramblewood, Holt. Beds for women, 14. Pulmonary cases, excluding advanced cases.

Oak Bank, Kent. Beds for children, 18. Early pulmonary cases.

Ipswich. Beds for children, 5.

Children's Sanatorium, Holt. Beds for children, 12.  
Early pulmonary cases.

Smaller numbers of pulmonary cases are sent, without reservation of beds, to such other institutions as Wyton (Hunts.) and Ventnor. Unreserved accommodation is obtained for surgical cases at Addenbrooke's Hospital, Cambridge, mainly for operative treatment, and to Lord Mayor Treloar's Hospital, Alton, for conservative treatment. The precise admission figures for the year are shown in the following table:—

	<i>Male</i>				
	<i>Ex-Service.</i>	<i>Civilians.</i>	<i>Women.</i>	<i>Children.</i>	<i>Total</i>
Cambs. T. Colony	6	37	11	—	54
Bramblewood ...	—	—	27	—	27
Holt (Children's)	—	—	—	13	13
Wyton ...	—	—	5	—	5
Ipswich ...	—	—	—	9	9
Addenbrooke's					
Hospital ...	2	10	4	13	29
Oak Bank ...	—	—	—	26	26
Treloar's ...	—	—	—	1	1
Ventnor ...	3	2	—	—	5
Brompton					
Hospital ...	—	—	1	—	1
London Hospital	—	1	—	—	1
Heatherwood ...	—	—	—	2	2
	11	50	48	64	173

The following figures show the immediate results obtained among patients whose institutional treatment terminated during the year. Four observation cases are not included.

			No Material	
			Improve-	Died in
			Quiescent.	Sanatorium.
			Improved.	ment.
<i>Pulmonary:</i>				
No T.B. in sputum	80	9	2	1
T.B. in sputum:				
Early	... 4	8	1	1
Middle	... 5	10	4	3
Late	... —	—	1	5
<i>Non-Pulmonary:</i>				
Bones and joints	6	4	2	1
Abdominal	... —	1	1	—
Other organs	... —	4	—	—
Peripheral glands	1	14	1	—

Summarising the above as regards the pulmonary cases, the condition on discharge of those apparently in the earlier or middle stages at the time of admission was that 89 were in a quiescent state, 27 others showed improvement and 7 showed no material improvement, while 4 died in the institution. Of those admitted in an advanced stage, 5 died and one showed no material improvement; they were admitted for isolation till the termination of the illness.

## VENEREAL DISEASES.

The County Council's scheme for combating venereal diseases includes arrangements for pathological diagnosis, treatment at the centre conducted at Addenbrooke's Hospital, Cambridge, the supply of special drugs to medical practitioners experienced in their use, and propaganda work undertaken by the Cambridgeshire Branch of the British Social Hygiene Council. The scheme appears to be generally adequate to the needs of the area.

*Treatment Centre.*—The constituent Authorities for the treatment centre at Addenbrooke's Hospital are the



Cambridgeshire, Isle of Ely, and Huntingdonshire County Councils, but patients are dealt with from other areas also. Any person is entitled to receive treatment free of charge, and can obtain particulars as to hours of attendance by application to the County or District Medical Officers of Health. Afternoon and evening clinics are held weekly for both sexes, at separate hours, and six beds are reserved for in-patient treatment. Facilities are afforded for irrigation of cases of gonorrhœa between clinic days, and are mainly taken advantage of by male patients.

The work done at the treatment centre during 1926 is summarised in the following tables:—

TABLE I.

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Under treatment on			
January 1st, 1926 ...	54	38	92
Old cases readmitted ...	38	21	59
New patients during 1926	135	57	192
Total under treatment ...	227	116	343
Venereal Disease ...	213	110	323
Not Venereal Disease...	14	6	20
Left without completing			
treatment ... ..	21	20	41
Completed treatment but			
not final tests ... ..	30	24	54
Completed treatment and			
tests ... ..	66	17	83
Transferred to other			
Treatment Centres ...	7	3	10
Under treatment at end			
of year ... ..	89	46	135
Out-patient attendances:			
(a) On clinic days ...	1176	714	1890



				<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
(b)	On intermediate					
	days	...	...	1580	283	1863
(c)	Total	...	...	2756	997	3753
Aggregate	"in-patient					
days "	...	...	...	156	749	905

TABLE II.

				<i>Other</i>	<i>Total,</i>	<i>Total,</i>
				<i>Cambs.</i>	<i>Counties. 1926.</i>	<i>1925.</i>
New	out-patients					
	during 1926 (for					
	first time)	...	148	44	192	187
*Total	out-patient					
	attendances	...	3136	617	3753	2907
Aggregate	in-patient					
	days	...	786	119	905	1045
Doses of	salvarsan					
	substitutes	...	623	357	980	1059

TABLE III.

## CAMBRIDGESHIRE PATIENTS.

					<i>Increase or Decrease per cent.</i>
			<i>1926.</i>	<i>1925.</i>	
New out-patients ...	...		148	115	+ 29
*Total out-patient attend-					
ances ...	...	...	3136	2212	+ 42
Aggregate in-patient days			786	516	+ 52

\*These figures include 1,863 intermediate attendances for irrigation, etc., paid by Cambridgeshire patients.

Since the treatment centre was first opened in 1917 it has been attended by 2,881 patients, who have made 16,955 attendances on clinic days. Of these, 1,183 were Cambridgeshire residents, who attended 10,996 times on

the days on which the medical officers were in attendance. These figures do not include intermediate attendances for irrigation, which in 1926 alone numbered 1,863, all paid by Cambridgeshire patients. As daily treatment is very essential for the cure of cases of gonorrhœa, it is very satisfactory to note that the number of intermediate attendances made in 1926 was double that for the previous year. It is less satisfactory that the attendances by males far exceeded those by females, as female cases are more difficult to cure. An improvement in female attendances is much to be desired.

Both new patients and attendances have increased in numbers each year from 1924, and the Cambridgeshire figures for last year show an increase in new patients of 29 per cent. and in attendances of 42 per cent., the bulk of the increase being on intermediate days.

Regarding the clinic as a whole, although a considerable number of patients who had completed treatment left without final tests of freedom from infection, the number who left before completion of treatment showed a considerable decrease, and the number still under treatment at the end of the year was 135, against 92 in 1925.

There are 8 medical practitioners in the area approved for the free supply of arseno-benzol compounds for the treatment of syphilis, but the great bulk of this special form of treatment is carried out by the medical staff of the Treatment Centre.

*Laboratory Diagnosis.*—Under the Council's scheme specimens are examined free of charge to medical practitioners by pathologists holding University posts. During the year 346 specimens were tested by the Wassermann reaction for syphilis, and 341 were submitted for bacteriological examination, as against 324 and 253

specimens respectively in 1925. Of these, 640 specimens were sent from the treatment centre and 47 by private practitioners. The total number of specimens examined since the scheme was first instituted in 1917 is 3,505 for the Wassermann reaction and 2,879 for bacteriological examination.

*Propaganda.*—The County Council have now for ten years undertaken propaganda work through the agency of the Cambridgeshire Branch of the National Council for Combating Venereal Disease, now known as the British Social Hygiene Council, to which body they make an annual grant for the work actually carried out for the Council. The Executive Committee of the Branch arranged for a series of film displays and lectures in five large villages, and these were attended by about 800 people. The films were obtained from the headquarters of the British Social Hygiene Council, and the introductory lectures were again given by Mr. C. M. Kohan, a lecturer on their staff. As usual, both films and lectures were much appreciated by the audiences.

As propaganda regarding venereal disease has been carried on for some years in Cambridge, it was thought desirable to approach the subject from another point of view, and the film "Youth and Life," designed to illustrate a short course of lectures on general physiology and psychology, was shown to County and Borough Teachers and to selected audiences of adolescents, e.g., at the Y.M.C.A. and secondary schools.

## BLIND PERSONS ACT, 1920.

The County Council are the registration authority under the Act, and the duty of keeping the register of cases is carried out for them by the Eastern Counties' Association

for the Blind. During the year, 21 names have been added to the register, 12 of persons resident in Cambridge and 9 in the rural area. The total number now recorded is 182 (Cambridge 97, rural area 85), including cases in institutions. Included in this total are 44 persons in receipt of old age blind pensions, 46 receiving old age pensions, and 16 with pensions from other sources, leaving 76 without this means of support.

Apart from registration, the principal duties of the Local Authority under the Act are to promote the social welfare of the blind generally, to make application for pensions and for grants from Poor Law Guardians in necessitous cases, and to secure work for the blind, assisting them in procuring materials and disposing of the finished articles to the best advantage. These functions have been carried out for the County Council by the Cambridgeshire Society for the Blind, the Council making an annual grant of £250. During the year the Society intimated that this sum had become insufficient for the purpose, and the Council therefore resolved to increase their grant to £500 per annum, additional representation being given to them on the Society's executive committee. The added responsibilities called for some reorganisation in the general arrangements of the Society, including the appointment of a salaried secretary.

Much of the work in a scattered rural county is necessarily carried out in the homes of the blind, and the two official Home Visitors engaged in this work paid 2,787 home visits during the year, 1,596 in Cambridge and 1,191 in the villages. Assistance is also given by seven voluntary workers. The Home Workers give assistance to 12 blind persons in practical work, such as Braille-copying, chair caning, raffia work, cloth rug making, rush seating, and the making of articles in basket work. There are 15 approved



blind workers. The shop managed by the Society at Emmanuel Street, Cambridge, to assist in the disposal of articles made, involves some loss as a pure business proposition, an experience which is not confined to this County. Increased attention will doubtless be given to this side of the work in the future.

Special consideration has been given to a request from the Ministry of Health to formulate a scheme for the financial assistance of the unemployable blind, but this matter has been deferred by the Council, in view of the reorganisation of the Society for the Blind and of pending changes in the administration of the Poor Law.

## MENTAL DEFICIENCY ACT.

Special reports presented during the year included 37 cases newly notified under the provisions of the Mental Deficiency Act. Of these, 12 were notified as "neglected" (9 by the Cambridgeshire Voluntary Association, 1 by the Poor Law Guardians, and 2 by Police), and 25 by the Borough and County Education Committees.

The instructions given regarding the foregoing new cases were as follows:—

Certified Institutions on petition	...	...	8
„ „ on Order of Court	...	...	2
Guardianship Order on petition	...	...	1
Statutory supervision	...	...	9
Referred for voluntary supervision	...	...	4
Not subject to be dealt with	...	...	13
			—
			37
			—

Of the 10 defectives requiring admission to certified institutions, 6 were admitted in 1926, 2 in 1927, and one is awaiting decision as to presentation of petition. Five defectives were also admitted in 1926 regarding whom instructions had been given in the previous year. The number therefore actually admitted to certified institutions during the calendar year 1926 was 11. During this period 3 defectives died, 2 were discharged from Certified Institutions, and 2 were allowed out on leave of absence.

Since 1913, when the Council first began to administer the Act, 96 defectives have been placed under statutory supervision undertaken by the Voluntary Association, 142 have been sent to Institutions, and 8 have been placed under Guardianship. Allowing for deaths, discharge to homes and transfer to mental hospitals and other institutions, there remained at the end of the year under review, 110 cases who were being maintained in institutions (includes 8 on licence and 2 in State institutions), 4 under Guardianship, and 72 under statutory supervision in their homes, making a total of 186 under the control of the Local Authority.

In addition to these 188 defectives subject to be dealt with under the Act, there are ascertained by the Local Authority 2 defectives whom they are assisting to maintain in institutions under their permissive powers, and 145 who are under voluntary supervision in their homes. These figures do not include high-grade defective children of school age who are still under the control of the Local Education Authorities.

The defectives under Order are being maintained in as many as 23 institutions in various parts of the country, the largest number (53) being in the Royal Eastern Counties' Institution, Colchester, an institution held in great esteem



in this County. The increasing difficulty in securing accommodation for defectives makes it very important that the joint scheme for additional accommodation at this institution to serve the Counties of Essex, West Suffolk and Cambridgeshire should be proceeded with as speedily as possible, in order that the 34 additional beds allocated to this County should be available to meet its urgent needs. Until then the Act can only be administered under the greatest difficulties.

The financial grant to the Cambridgeshire Voluntary Association was continued during the year, the Association assisting the Council materially by undertaking supervision of defective persons in their homes, by providing escorts to institutions, and assistance in finding places of safety. They also assist in ascertainment, and by reporting to the Statutory Committee when defectives appear subject to be dealt with under the provisions of the Mental Deficiency Act. These services are supplementary to those of the County Council's Enquiry Officer, who, in addition to much enquiry and report work, acts as Petitioning Officer.

## SCHOOLS.

The work of the School Medical Service in the County Elementary Education area is dealt with in detail in the annual report to the Education Committee, and it is only proposed here to make special reference to infectious disease and general sanitary conditions.

The foundation of the control of infectious disease among school children is the system of notification of supposed sufferers by the Head Teachers under the regulations of the Education Committee. As this scheme includes the common infections of childhood which are not notifiable to the Local Sanitary Authorities, a very large

number of such notifications is received through school channels each year, those cases not known to be under medical care being handed over to the School Nurses for investigation and report, with a view to directions being given as to exclusion. For this purpose the School Nurses paid 2,740 home visits in 1926, some 240 outbreaks being investigated, exclusive of diphtheria and scarlet fever.

The policy generally followed for the control of infectious disease is that of exclusion of the individual child, schools only being closed where special circumstances exist. A uniform closure policy is secured throughout the area by an arrangement whereby the necessary certificates are furnished by the School Medical Officer, after consultation, where necessary, with the local Medical Officer of Health. There is frequent interchange of information between the County and District Officers, and certificates for the closure of 13 schools were furnished during 1926.

Measles was the most prevalent disease during the year, and considerable administrative difficulty arose from the concurrent prevalence of German measles; chickenpox and mumps, too, were prevalent, and, to a less extent, whooping cough also. Only two school closures were necessary for scarlet fever, and none for diphtheria, making the sixth year of lessened incidence of the latter disease in the rural parishes.

Apart from necessary works of maintenance and repair of school buildings, the Sub-Committee concerned have had constantly under review during the year the schools named in the Board of Education's list of defective Non-Provided Schools. In some cases, for various reasons, such as the future organisation of the school, no progress has been made, but in others substantial improvements have been effected,

while in a third group the works carried out by the local Managers have not fully complied with the original requirements.

Improvements were effected in the hygienic condition of certain Council Schools, and others have been agreed upon. A weak point in certain schools is the fact that though provision for ventilation is excellent for the winter months, experience shows that it is inadequate to provide a free flush of fresh air needed in the summer, and to remedy this, the insertion of low side-hung casement panes has been advised in addition to the low hoppers and high pivot panes. Provision has been made for this in certain schools at present under improvement. There are also a few Council Schools where the offices need replacing by a more modern type.

## INSPECTION AND SUPERVISION OF FOOD.

*Milk Supply.*—There are now in the County area two firms holding licences from the Ministry of Health for the production of certified milk on three separate premises, one in Cambridge and two in Chesterton Rural District.

The Cambridge report shows that 24 samples of certified milk and 36 of ordinary milk were submitted for bacteriological examination. With five exceptions the former complied with the Ministry's standard of cleanliness, while 15 samples of ordinary milk appeared entirely free from dirt. Dr. Laird considers that dairymen in Cambridge are making considerable efforts to raise the standard of cleanliness of the ordinary milk supply, in which there has, as a whole, been a marked improvement. A clean milk competition to extend over twelve months was commenced in July among producers and retailers, and has been useful in stimulating interest in the subject.

The Milk and Dairies Order of 1926 revokes previous Orders and replaces their main provisions by similar ones brought up to date. It aims at attaining a high standard of cleanliness in milk production at all stages, laying greater stress on cleanly methods than upon the structure of buildings. The most important of the new provisions relate to health and inspection of cattle, and to the handling, conveyance and distribution of milk. The Local Sanitary Authorities are responsible for the administration of the Order, with the exception of Part IV., relating to the health and inspection of cattle, for which the County Council are the executive authority.

None of the local reports indicate the detection of tubercular infection of milk during the year, nor was any case referred to the County Council under the provisions of the Milk and Dairies Consolidation Act of 1915. The Milk and Dairies Committee of the County Council, which consists of members of the Public Health and Agricultural Committees, therefore drew the attention of the Local Sanitary Authorities to the concurrent powers possessed by the County Council of taking samples of milk for bacteriological examination, and intimated that they would be prepared to take such samples and arrange for their examination in order to avoid overlapping and duplication. Four Rural District Councils have agreed to this course, Cambridge Town Council and the Caxton and Melbourn Rural District Councils preferring to undertake sampling themselves. As this arrangement had not been arrived at by the end of the calendar year, no samples are to be recorded as having been taken during 1926. Where the tubercle bacillus is detected the County Council's powers of veterinary inspection of the herd concerned will be put into operation, the machinery of the Tuberculosis Order of 1925



being used, where practicable, in the case of cows found to be giving tuberculous milk. In this way the problem of preventing the supply of infected milk from an infected cow can be settled at once by slaughter of the animal in question, instead of by the more cumbrous method of issuing an order prohibiting the sale of the milk under the Milk and Dairies Consolidation Act of 1915.

*Meat.*—There is no public abattoir within the County area. Outside Cambridge, where 3,116 visits were paid to slaughterhouses, the greatest activity appears to be recorded for the Melbourn Rural District, where 995 carcasses were inspected. Reference is made in several reports to the inclusion of the use of the humane killer in their byelaws.

Meat condemned in Cambridge amounted to about 61 cwt. of beef and pork, 2 cwt. of fish, and smaller quantities of other foods. In Melbourn Rural District three whole carcasses and 23 parts were condemned, and some tins of food were voluntarily surrendered and destroyed in Newmarket Rural District.

Writing of action under the Public Health (Meat) Regulations of 1924, Dr. Morgan notes that in Newmarket Rural District considerable care is taken in a number of cases by occupiers of meat shops to carry out the requirements as to cleanly methods to the best of their ability. In other cases, however, there is much room for improvement, and breaches of the Regulations have been dealt with in several cases, more particularly as regards the practice of hanging meat outside shops. In two instances also, nuisance from fried fish shops was dealt with.

## SALE OF FOOD AND DRUGS ACTS.

*Rural Area.*—In this area the Acts continue to be administered by the County Police. The total number of samples taken and reported upon by the Public Analyst



was 192 (171 in 1925), of which 136 were taken formally and 56 informally. The samples were:—Fresh milk 76, butter 24, margarine 15, lard 13, cheese 7, cocoa 5, coffee 4, sugar 9, flour 5, baking powder 4, tapioca 4, and smaller numbers of other articles.

Of the 192 samples analysed, 2, or 1.1 per cent., proved not to be genuine, compared with 1,558 samples analysed during the ten years 1916-25, of which 85, or 5.5 per cent., were non-genuine. Of the 76 samples of fresh milk, all were taken formally. The particulars as regards the two adulterated milk samples are as follows:—

1. Deficient 28 per cent. in fat. Vendor prosecuted, convicted, and fined £4 and costs.

2. Added water, 5 per cent. Proceedings resulted in conviction and a fine of £5.

*Cambridge Borough.*—Samples taken for analysis numbered 259 (264 in 1925), comprising 244 informal and 15 formal samples. The principal items were:—Milk 186, cream 6, arrowroot 6, veal and ham pie 5. Of the 56 other articles sampled, the number of samples in no case exceeded four. The percentage of non-genuine samples, 6 in number, was 2.3.

For purposes of economy in administration, all informal samples of milk were centrifugalised. Of 175 such samples, 4 were found to be below the 3 per cent. fat standard; two of these were followed up by formal samples, and letters were sent to the retailers regarding the remaining two. Four samples contained only 3 per cent. of milk fat, and the producers were notified of the poor quality of the milk. No legal proceedings were taken with regard to milk samples.

Two formal samples of apples showed 1-10th grain of arsenic to the pound, and all the stock was withdrawn.

Four samples of milk were taken in course of delivery.

*Use of Preservatives.*—In both urban and rural areas the Public Analyst examines for preservatives all samples taken under the Sale of Food and Drugs Acts which are likely to contain them. In the rural area boric acid was found to the extent of 0.30 to 0.50 per cent. in 8 samples of butter, and in quantities varying from 0.30 to 0.50 per cent. in 15 samples of margarine.

In Cambridge Borough no preservatives were found in any samples likely to contain them.

## WATER SUPPLY.

The chief activity in the provision of water supplies is reported from the Newmarket Rural District. The scheme for the joint supply of the four parishes of Dullingham, Westley Waterless, Brinkley and Burrough Green, by pumping from a deep bored well in the chalk and distribution by gravitation through  $7\frac{3}{4}$  miles of main, was completed, the schools in each parish being among the premises connected with the main. For Fordham, which was without a public supply, schemes were prepared by a firm of engineers, and, following on a public local enquiry, the Ministry of Health took the view that the most satisfactory arrangement would be to take a supply from the main in the adjoining parish of Soham. Eventually, however, the District Council decided to sink 5 bored wells with pumps in different parts of the village, the cost to be met out of current revenue. Two were sunk by the end of the year,

and chemical analyses up to that date were satisfactory. These sources of supply will require careful watching. In the adjoining parish of Soham, from which a mained supply was available for Fordham, 82 per cent. of the houses are now connected with the main, the proportion increasing from year to year as the convenience of such a supply is appreciated.

In the same sanitary district a new lined well, with pump, has been bored in the chalk to a total depth of 76 feet at Burwell, while at Wicken, in the fen, a well has been sunk at the housing site, dug to a depth of 35 feet, with galvanised steel tubes through clay and green-sand to a total depth of 104 feet. A bored well is to be provided at Bottisham for the North end of the village, and an extension of the works which supply Cheveley and Wood Ditton, where there has been a considerable increase in consumption of water, is under consideration, together with the possibility of the inclusion of Kirtling. An additional borehole in the chalk to a depth of about 450 feet has been advised.

In Chesterton Rural District the main of the Cambridge Waterworks Company has been extended at Fen Ditton from the outskirts into the village, and at Girton so as to supply houses at the college end of the parish. An additional public pump now supplies the new houses built in that parish.

In Linton Rural District three new pumps have been erected by the District Council in connection with their housing scheme, one bored at West Wickham to a depth of 200 feet through boulder clay and chalk, and two at Sawston bored through the chalk to a depth of 70 feet.

## DRAINAGE, SEWAGE AND REFUSE DISPOSAL.

In the rural area, outside Cambridge, conservancy methods are almost universally met with, and sewers, apart from the road drains for surface water, exist in few parishes. The process of conversion of privy pits into the more sanitary pails proceeds more rapidly in some sanitary districts than in others. In Caxton Rural District, for example, there is said to be a large number of pit privies, while in Newmarket Rural District the proportions of the different types are given as privy pits 59.5 per cent., pails 17 per cent., and water closets 3.3 per cent. In Chesterton Rural District privy pits have been reduced to about 12 per cent.

With the exception of the parish of Waterbeach in the Chesterton Rural District, public scavenging schemes have not yet been organised. In this parish earth-closet contents are removed by a sludge cart on a quarterly contract, the District Council paying and charging the parish. The scheme is said to be working well, and a scheme for removal of refuse at Histon is under consideration. Dr. Grove speaks of a need for a scheme for the larger villages in Swavesey Rural District, and Dr. Morgan expresses the same opinion as regards Newmarket Rural District, where there is often insufficient garden space to dispose of refuse and the old-fashioned privy-pits are much used in consequence.

As regards sewerage, the question of a better method of disposal of the sewage from the Histon factory is under consideration by the Chesterton Rural District Council. At Sawston, in the Linton Rural District, the construction of a flushing system to the sewers, which had been laid to an inadequate fall, was completed during the



year. The sewers are now flushed from a galvanised iron tank of 2,000 gallons capacity by syphonic action, the tank being fed by a windmill pump. Marked improvement in the condition of the sewers has resulted. In Newmarket Rural District, difficulties with regard to drainage previously reported by Dr. Morgan have continued to arise at Soham. Complaints have also been received regarding pollution of the River Lark by a sugar beet factory in an adjoining District, and the District Council have been in communication with other Local Authorities with a view to concerted action.

## HOUSING OF THE WORKING CLASSES.

In the whole area of the Administrative County 605 new houses were built during the year, 269 in Cambridge and 336 in the Rural Districts. Of these, 493 were erected with State assistance under the Housing Acts, of which 154 were erected by the Local Authority in Cambridge, and 183 in the Rural Districts, while 156 were built by other bodies or persons with the aid of the State subsidy, 37 in Cambridge and 119 in the Rural Districts. The remaining 112 were erected by unassisted private enterprise.

The total number of houses inspected for defects under the Public Health or Housing Acts was 2,438, of which 1,314 were in Cambridge and 1,124 in the Rural Districts. Houses inspected under the Housing (Inspection of District) Regulations, numbered 1,286 (Cambridge 794, Rural Districts 492). Of the houses inspected, 82 were recorded as unfit for human habitation, 37 in Cambridge and 45 in the Rural Districts, while 1,103 (Cambridge 843, Rural 260) were regarded as not in all respects reasonably fit for habitation.

As usual, much the greater part of repair work was achieved by informal intimation to owners under the



Housing, Town Planning Act, 1919, this resulting in the remedy of defects in 911 houses, of which 729 were in Cambridge, and 182 in the Rural Districts. Statutory notices were served for repair of 50 houses only (Cambridge 20, Rural 30), of which 17 in Cambridge and 10 in the Rural area were rendered fit by the owners and one in Cambridge by the Local Authority in default of the owners. In Linton Rural District one Closing Order became operative by reason of the owner's declaration of intention to close. Similarly under the Public Health Acts, notices requiring the remedy of defects were served with respect to 48 houses (14 Cambridge, 34 Rural). In consequence, defects were remedied by the owners in 44 houses (Cambridge 11, Rural 33). In 3 instances, in Cambridge, the Local Authority acted in default of the owner.

As previously reported, it was agreed at a conference with the Local Sanitary Authorities in 1925 that the County Council should undertake the making of loans or advances in the rural area, leaving to the District Councils the making of grants or subsidies. During 1926, a special sub-committee of the Public Health Committee considered applications for loans to individuals for housing, and approved five applications for loans varying from £350 to £580, to be repaid at 5½ per cent. interest. A Public Utility Society were also informed that the Council would be prepared to consider applications, and such applications were, in fact, dealt with after the close of the year under review. The Committee resolved that, as a general rule, grants should be limited to persons who desire to build or acquire a house for themselves, and to public utility societies.

It will be noted that in spite of considerable activity by most of the Local Sanitary Authorities it was again rarely practicable to secure the disuse of unsuitable houses by

means of Closing and Demolition Orders. Only 20 Closing Orders were made, all in the rural area, 12 being determined on the houses having been rendered fit for habitation, while only one house was made the subject of a Demolition Order and subsequently demolished.

In Cambridge from 1920 to 1926, 1,082 houses have been erected, 571 by the Town Council and 511 by others. A Housing Society, formed to assist in providing more houses, has raised sufficient money to commence building the first 22 houses. The intention is to let the houses to people unable to afford the rents of Council houses and who urgently need accommodation because of overcrowding or insanitary conditions.

Good progress has been made in Chesterton Rural District. Towards a scheme for erection by the District Council of 300 houses in 33 parishes, contracts have been let for 242 houses, of which 117 were completed during the year, making a total of 167 in two years. The Council have also successfully utilised the system of subsidy for houses built by private enterprise, and under the 1923 Act have agreed to make up the lump sum equivalent of £6 per year, for 20 years, available from State sources, to £80. During the year 83 houses were completed, making a total of 190 built under this Act. A further 9 houses erected under the 1924 Act brings the total number of houses erected by assisted private enterprise up to 199, while a further 40 are in course of construction.

In Caxton and Arrington Rural District, 18 houses were built by the District Council and 11 by private persons, all with State assistance. Schemes are also said to be in hand for building 7 houses in 3 parishes.

In Linton Rural District, 24 houses were erected during the year, all but 3 with State assistance, 12 by the District Council, and 9 by the private subsidy, all but one being of

the parlour type. In addition, 38 houses of the parlour type are in course of erection by the Local Authority in 4 parishes.

In Newmarket Rural District the 48 houses built in 1926, with one exception, received State assistance, 36 being erected by the District Council and 11 with the aid of the subsidy to private persons. In prosecution of their resolution in 1925 to erect 200 houses under the 1924 Act, 36 were erected by the end of 1926 and 114 were in course of erection. These are mainly of the two storey parlour type, but 18 non-parlour bungalows are also included. The actual contract price has varied from £710 per pair for bungalows to £998 for the parlour type.

In Swavesey Rural District the 3 new houses recorded were built without State assistance. Dr. Grove states that the shortage of houses is less marked than some years back, but that there are no vacant houses in the district. In his opinion a real difficulty is that the larger families cannot afford to live in the larger houses, which are therefore let to tenants with small families. Overcrowding must therefore exist in the smaller houses. The Council now have under consideration the erection of houses at Swavesey and Conington.

*Housing of County Council's Employees.*—During the year further progress was made towards carrying out the scheme of the Standing Joint Committee to provide 11 houses for the police, at an estimated cost of £7,700. Tenders for three houses at Wicken, Sawston and Harston were accepted, and steps taken towards the acquisition of sites at Longstanton and Castle Camps. Up to date, houses have been completed at Cherryhinton, Burwell, Trumpington and Isleham.

Including two houses built at Cottenham and Foxton, 34 houses have been provided for Head Teachers of Council Schools. During the year, an agreement for the lease of the Head Teacher's houses at Stetchworth was completed, and tenders were invited for a house at Burwell.

## VITAL STATISTICS AND INCIDENCE OF INFECTIOUS DISEASE.

Between the last two census years the population of the Administrative County increased by 1,280 persons, the increase in Cambridge Borough and in Chesterton Rural District exceeding the decrease in the rest of the County by that number.

The following figures are furnished by the Registrar-General as representing the populations to be used for calculation of birth and death rates for the year 1926. The inclusion of Duxford Aerodrome accounts for the higher figure in the first column.

		<i>For</i> <i>Birth Rate.</i>	<i>For</i> <i>Death Rate.</i>
Administrative County	...	129020	128470
Cambridge Borough	...	58820	58820
Aggregate Rural Districts	...	70200	69650
Chesterton	...	24160	24160
Caxton and Arrington	...	7045	7045
Linton	...	9860	9310
Melbourn	...	7977	7977
Newmarket	...	18630	18630
Swavesey	...	2528	2528

The excess of births over deaths during 1926 yields a natural increase of the population for the year of 442, compared with 430 in 1925, there having been 20 more births and 8 more deaths than in that year.



*Birth Rate.*—The statistics for 1926, based on figures furnished by the Registrar-General, are as follows:—

	<i>Registered Births.</i>	<i>Birth Rate per 1,000 living.</i>
Administrative County ...	1964	15.2
Cambridge Borough ...	830	14.1
Rural Districts ... ..	1134	16.1

The following figures show the reduction as compared with 1914 in both urban and rural areas:—

<i>Nmber of Births.</i>					<i>Birth Rate.</i>			
<i>Boro'. Rural. Total</i>					<i>Boro'.</i>	<i>Rural.</i>	<i>Total</i>	
<i>County.</i>							<i>County.</i>	
1914	...	996	1393	2389	...	17.4	19.1	18.3
1925	...	836	1108	1944	...	14.2	15.6	15.0
1926	...	830	1134	1964	...	14.1	16.1	15.2

The birth rate for Cambridge, 14.1 per 1,000, was, as usual, much below that for the Great Towns (18.2) and for England and Wales (17.8). The rates for the Cambridgeshire Rural Districts, from highest to lowest, were:—Linton 19.2 (189 births), Newmarket 17.8 (332), Chesterton 15.6 (377), Melbourn 13.8 (110), Caxton 13.3 (94), Swavesey 12.7 (32). The relative positions of these districts vary greatly from year to year. No figure is furnished by the Registrar-General for Rural England and Wales, with which these rates can be compared.

After War fluctuations the downward tendency of the birth rate was resumed in 1920, and the decline continued year by year to 1925. The year 1926 showed a decline of 33 per cent. in the rate of increase due to births when compared with the year 1901.



There were 89 illegitimate births in the Administrative County, 38 in Cambridge, 51 in the Rural Districts, compared with 31 in Cambridge, 64 in the Rural Districts, and 95 total in 1925. Calculated as a percentage of total births, the proportion of illegitimate births was 4.6 in Cambridge, 4.5 in the rural area, and 4.5 in the Administrative County, against 3.7, 5.8 and 4.9 per cent. respectively in 1925.

The proportion borne by the illegitimate to total births rose during the War to as high as 8.7 in 1919, and from 1921-25 averaged 5.6 per cent. It is satisfactory to note that last year's figure of 4.5 per cent. is below the average (4.8) for the three pre-war years 1911-13. The inference is suggested that increased freedom in social customs is attended by less risk than might be supposed.

The proportion of still-births notified to total births notified was as follows:—

Borough of Cambridge	28	still-births,	or 3.2	per cent.
Rural Area	39	.. ..	3.5	..
Whole County	67	.. ..	3.3	..

*Death Rate from all Causes.*—After allowing for deaths occurring away from the usual place of residence, the nett death rate for the whole County was 11.8 per 1,000 (11.6 for England and Wales). This rate was 0.1 per 1,000 lower than the 1925 rate for the County (11.7) and 0.8 below the average for the preceding ten years. The rates for Cambridge and the rural areas were 10.9 and 12.5 respectively, the death rate for Cambridge being 0.7 below that for the Great Towns (11.6).

The total deaths in the whole County numbered 1,522 (Cambridge 650, Rural 872), being 8 more than in 1925. There was no change of great consequence under the

separate headings. Infectious disease generally, including influenza, showed a reduction, while cancer showed the usual increase, and there were more deaths from cerebral hæmorrhage, heart disease and arterio-sclerosis. The number of deaths from congenital debility was also greater.

*Infant Mortality.*—The number of deaths under one year, 104 (Cambridge 44, Rural Districts 60), was in the proportion approximately of 53 deaths per 1,000 births (England and Wales 70). The corresponding approximate rate for Cambridge was 53 per 1,000 births, as usual much below the rate for the Great Towns (73), and that for the rural area was identical with the Cambridge rate. The annual average rate (5.6) for the Administrative County for the ten years 1917-26 represents a saving of 30 lives per 1,000 births, when compared with the annual average (86) for the ten years 1904-1913, the average rate (53) for the past five years showing an even greater reduction.

There was little variation from 1925 in the number of deaths from separate causes, though the number attributed to the congenital debility group was somewhat higher, corresponding to about 34 per 1,000 births against an annual average of 28 for the years 1921-25. Improved ante-natal care is to be looked to for any material reduction in this important cause of mortality in infants.

The mortality during the year among illegitimate infants, compared with that among the legitimate, is shown by the following statement of deaths (approximate) per 1,000 births:—

	<i>Legitimate.</i>		<i>Illegitimate.</i>	
	<i>Mortality</i>		<i>Mortality</i>	
	<i>Births.</i>	<i>Rate.</i>	<i>Births.</i>	<i>Rate.</i>
Cambridge Borough	792	52	38	80
Rural Districts ...	1083	49	51	137 .
Whole County ...	1875	50	89	112

The actual numbers of deaths of illegitimate infants were 3 in Cambridge Borough and 7 in the Rural Districts, a total of 10 in the Administrative County among 89 illegitimate infants born (Cambridge 38, Rural Districts 51). As the actual number of such deaths is small, any change in them from year to year causes considerable variation in the rates calculated from them in both the Borough and the Rural Districts, and more reliable inferences may therefore be drawn from statistics covering several years. The following figures are therefore given, showing the respective mortality rates among 9,637 legitimate and 529 illegitimate infants born in the Administrative County during the five years 1922-1926:—

Infant Deaths per 1,000 *births*, 1922-1926:—

	<i>Legitimate.</i>	<i>Illegitimate.</i>
Cambridge Borough ...	52	80
Rural Districts ...	52	85
Whole County ...	52	83

During this period, therefore, mortality among illegitimate infants in the Administrative County as a whole exceeded that among legitimate infants by rather more than 50 per cent., the excess being greater in the rural area than in Cambridge.

*Maternal Mortality.*—Deaths of mothers in connection with child-birth numbered 7, of which 2 (Cambridge 1, Rural Districts 1) were due to puerperal sepsis and 5 (Rural Districts) to other accidents and diseases of pregnancy and child-birth. The totals for the Administrative County in 1925 were sepsis 3, other accidents 2, total 5.

Notifications of puerperal sepsis numbered 5, of which 2 were from Cambridge and 3 from the Rural Districts. The 2 deaths registered from this cause were one less than the annual average of 3 for the preceding ten years.

During the ten years 1916—1925 the maternal deaths from other causes than sepsis totalled 19 in Cambridge, 33 in the Rural Districts, and 52 in the Administrative County. The mortality rate from this cause was 2.5 per 1,000 births in 1926, identical with the average rate during the preceding ten years. The numbers, however, are small, and show considerable variation from year to year.

Under the Puerperal Pyrexia Regulations, 1926, notifications of 7 cases were received, 2 in Cambridge and 5 in the rural area. Arrangements have been made by the Maternity and Child Welfare Authorities, the Town and County Councils, for bacteriological examination, expert clinical opinion, hospital treatment and nursing. These services were not requested for the rural cases, and none are known to have eventually proved to be cases of sepsis.

*Infectious Disease.*—The record was again a favourable one, both as regards prevalence and fatality. There were no deaths from scarlet fever, and only two from diphtheria. There was some reduction in deaths from measles and whooping cough, and a considerable decrease in mortality from influenza. Mortality from diarrhoeal diseases among infants was very low, and only one death occurred from enteric fever. Cancer showed the usual increase.

*Small-pox.*—One fatal case occurred in Cambridge, an unvaccinated child. The information given in the Cambridge report shows that approximately 38 per cent. of the infants were vaccinated during the first half of 1926, a decline on the previous year, and the percentage of children vaccinated in the rural area is known to be low also.

Chicken-pox is compulsorily notifiable in the Caxton, Newmarket and Melbourn Rural Districts, and apart from this, cases notified through the Public Elementary Schools are always made the subject of enquiry, a medical opinion being obtained at the outset of any outbreak, in order to exclude the possibility of small-pox.



*Scarlet Fever.*—Notifications received during the year numbered 260, compared with 256 in 1925. Of these, 106 were from Cambridge, and 154 from the Rural Districts, where the greatest prevalence was in the Chesterton and Newmarket Rural Districts. In the latter district cases were not recognised till the desquamating stage owing to the mild type, and this contributed to spread of infection.

The Dick test has not been resorted to.

Altogether 191 cases, 73 per cent. of those notified, were removed to various isolation hospitals. No deaths were registered as due to scarlet fever during the year. For the past 20 years the average case mortality from this cause for the Administrative County has been but slightly higher than one per cent.

*Diphtheria.*—Notifications numbered 100 against 43 in 1925. Of these, 93 were from Cambridge and 7 from the Rural Districts. There were 2 deaths, both in Cambridge. On the Cambridge figures the fatality rate, based on the number of notified cases, works out at an average of 15.3 per cent. of deaths during the previous 21 years, the corresponding rate for 1926 being 2.1 per cent. The deaths in the whole Administrative County during the past 10 years constitute a fatality rate of 7.4 per 100 notified cases.

Altogether, 95 cases, or 95 per cent. of those notified, were isolated in hospitals. Bacteriological diagnosis is in general use throughout the County; 1,054 school children were swabbed in Cambridge for this purpose. In the rural schools only 78 swabs were found necessary, as the low incidence of diphtheria experienced during the previous five years was maintained. The Schick test has not been employed. Antitoxin is provided by the Local Sanitary Authorities.



*Enteric Fever.*—The number of notified cases during the past ten years has not exceeded 7 per annum. Only three were notified in 1926, and one death was recorded in Chesterton Rural District, making a total of 8 deaths in ten years in the whole County.

*Diarrhoeal Diseases.*—One death among children under two years of age occurred in Cambridge and one in the rural area, making a total of 2 deaths. The death rates per 1,000 births were 1.0 for the Administrative County (England and Wales 8.7), 1.2 for Cambridge (Great Towns 11.8), and 0.9 for the rural area. The local rates for these preventible diseases were thus very much below those for the country generally, as has been the case for some years past.

Mortality from this cause fluctuates from year to year, but progress in its reduction is evident when an average rate is struck for successive periods of years, e.g., the annual average rate for the ten years ending 1925 was 3.1 per 1,000 births, as against an average annual rate of 8.8 deaths per 1,000 births for the immediately preceding six years 1910-15.

As this cause of death is largely due to the infection of the food supply of infants and very young children, and especially of milk, the progress recorded points to greater care on the part of the mothers, reasonably attributable in great part to the educational work which has been a feature of the maternity and child welfare schemes of recent years.

*Whooping Cough.*—The number of deaths recorded was 4, of which 2 were in Cambridge and 2 in the Rural Districts. The mortality rate for the Administrative County was 0.03 per 1,000, that for England and Wales being 0.10. Nursing facilities are provided under the Maternity and Child Welfare schemes.

*Measles*.—Five deaths occurred, 1 in Cambridge and 4 in the rural area. The mortality rate for the Administrative County was 0.04 per 1,000 (England and Wales 0.09). For this disease also, nursing facilities are provided.

*Acute Poliomyelitis (Infantile Paralysis)*.—Six notifications were received, 3 in Cambridge and 3 in the rural area. One case was removed to hospital, and one death occurred.

*Cerebro-spinal Meningitis*.—No notifications were received. One death from meningo-coccal meningitis was recorded in Cambridge. Consultant opinion and serum treatment are provided by the County Council under the Public Health (Cerebro-Spinal Fever) Regulations, 1918.

*Encephalitis Lethargica*.—Eight notifications were received, 3 from Cambridge and 5 from the rural area. One was treated in hospital. Seven deaths were recorded (Cambridge 6, Rural Districts 1), making a total of 26 deaths and 50 notifications since this disease became notifiable in 1919.

*Ophthalmia Neonatorum*.—Eleven notifications received comprised 9 from Cambridge and 2 from the rural area. None of these cases are stated to have been admitted to hospital, and no loss of vision is recorded. It may here be noted that the 2 infants for whom midwives sought medical aid under the provisions of the Midwives Acts, both made a satisfactory recovery.

*Pneumonia*.—Deaths from this cause numbered 56, compared with 57 in 1925. Of these, 23 occurred in Cambridge and 33 in the rural area. The mortality rate for Cambridge was 0.39 per 1,000 living, for the rural area 0.47, and for the whole County 0.44 per 1,000.

The number of notifications of acute primary pneumonia and acute influenzal pneumonia received in Cambridge was 19, and in the rural area 49, a total of 68 for the Administrative County.

*Cancer.*—There were 225 deaths attributed to cancer, against 213 in 1925. Of these, 89 occurred in Cambridge and 136 in the rural area. The proportion of recorded deaths per 1,000 living was 1.75 in the Administrative County (1.66 in 1925), 1.51 in Cambridge (1.47 in 1925), and 1.95 in the rural area (1.79 in 1925). During the present century mortality from this cause has fluctuated, but the general tendency to increase has been unmistakeable. Whereas the mortality rate in the year 1900 was 1.00 per 1,000, it reached 1.74 in 1924, and was slightly higher in 1926. The proportion of deaths as based on total population, regardless of age, is constantly higher in the rural area than in Cambridge.

*Influenza.*—Deaths attributed to this cause in the Administrative County fell from 45 in 1925 to 29 in 1926 (Cambridge 5, Rural Districts 24), yielding mortality rates of 0.23, 0.08 and 0.33 per 1,000 respectively (England and Wales 0.22, Great Towns 0.22). Mortality from this cause was therefore very low in Cambridge but high in the rural area compared with the rest of the country. Excluding the excessive mortality of the great epidemic of 1918-19 from consideration, the loss of life was below the annual average of 37 deaths for the 19 years 1907-1925.

*Pulmonary Tuberculosis.*—The total number of notifications received during the year on forms A or B was 218. After deducting duplicates the number of notifications received for the first time was 216, or 1.67 per thousand of the population.

The number of deaths registered from this cause was 95 against 91 in 1925. In Cambridge Borough there were 49 deaths, compared with 45 in 1925, the number of deaths registered in the rural area being 46, the same as in the previous year. The mortality rates per 1,000 living were:—Administrative County 0.73 (0.70 in 1925), Cambridge Borough 0.83 (0.76 in 1925) and Rural Districts 0.66 (0.58 in 1925).

Mortality attributed to pulmonary tuberculosis was thus slightly higher for the County as a whole than in the previous year. The average mortality from this cause rose from 112 per annum for the five pre-War years 1910-14 to 135 per annum during the four War years 1915-18, and then fell to an average of 92 deaths per annum during the seven post-War years, 1919-25.

*Tuberculosis of Other Organs.*—Total notifications received during the year on Form A or B numbered 56. After deducting duplicates the number of notifications received for the first time was 55, or 0.42 per 1,000 of the population. The deaths numbered 15, the same as in 1925. Of these, 8 occurred in Cambridge and 7 in the Rural Districts. The mortality rates per 1,000 living were as follows:—Administrative County, 0.12 (0.12 in 1925), Cambridge 0.14 (0.10 in 1925), and Rural Districts 0.10 (0.11 in 1925).

Deaths under this heading averaged 34 per annum from 1910-1914, 25 per annum from 1915-1918, and 23 per annum from 1919-1925.

The total deaths in the Administrative County from tuberculosis of all organs numbered 110, of which 57 were recorded in Cambridge and 53 in the Rural Districts. These yield mortality rates of 0.86, 0.96, and 0.76 per 1,000. A comparison of the average number of deaths from tuberculosis of all organs during each of the seven years ending 1926 with the seven years immediately before the War shows an annual saving of 33 lives. The proportion of deaths from tuberculosis to total deaths is now approximately one in 14, against one in 11 in 1919.

FRANK ROBINSON,

*Medical Officer of Health.*

County Hall,  
Cambridge



TABLE I.—Causes of Death at Different Periods of Life in the Administrative County of Cambridge, 1926.

CAUSES OF DEATH				AGGREGATE OF URBAN DISTRICTS.											AGGREGATE OF RURAL DISTRICTS.										
				Sex.	All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—	All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—	
ALL CAUSES	...	...	M	290	29	3	2	7	6	28	84	62	69	434	37	6	3	7	16	28	96	82	159		
			F	360	15	2	2	5	11	32	93	74	126	438	23	2	3	4	12	38	79	91	186		
1 Enteric fever	...	...	M	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1		
			F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
2 Small-pox	...	...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
			F	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
3 Measles	...	...	M	1	1	—	—	—	—	—	—	—	—	3	—	1	1	1	—	—	—	—	—		
			F	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—		
4 Scarlet fever	...	...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
			F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
5 Whooping cough	...	...	M	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
			F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
6 Diphtheria	...	...	M	2	—	—	1	1	—	—	—	—	—	2	1	—	—	1	—	—	—	—	—		
			F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
7 Influenza	...	...	M	1	—	—	—	—	—	—	—	—	1	14	1	—	—	—	2	3	3	5	—		
			F	4	—	—	—	—	—	—	1	1	2	10	—	—	—	1	1	1	4	2	1		
8 Encephalitis lethargica	...	...	M	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—		
			F	6	—	—	—	1	1	2	2	—	—	—	—	—	—	—	—	—	—	—	—		
9 Meningococcal meningitis	...	...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
			F	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
10 Tuberculosis of respiratory system	...	...	M	24	—	—	—	—	1	11	11	—	1	28	—	—	1	—	3	12	10	2	—		
			F	25	—	—	—	—	6	13	6	—	—	18	—	—	—	—	7	11	—	—	—		
11 Other tuberculous diseases	...	...	M	5	—	—	1	1	1	2	—	—	—	6	—	1	—	—	2	2	1	—	—		
			F	3	—	—	—	2	—	—	1	—	—	1	—	—	—	1	—	—	—	—	—		
12 Cancer, malignant disease	...	...	M	32	—	—	—	1	—	1	14	10	6	62	—	—	—	—	1	—	25	14	22		
			F	57	—	—	—	—	1	4	23	20	9	74	—	—	—	—	3	21	19	31	—		
13 Rheumatic fever	...	...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
			F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
14 Diabetes	...	...	M	2	—	—	—	—	—	—	1	—	—	1	—	—	—	1	—	—	—	—	—		
			F	2	—	—	—	—	—	—	—	1	1	5	—	—	—	1	1	—	1	1	3		
15 Cerebral hæmorrhage, &c.	...	...	M	16	—	—	—	—	—	1	5	5	5	35	—	—	—	—	1	7	7	29	—		
			F	34	—	—	—	—	—	2	9	6	17	38	—	—	—	—	2	3	11	22	—		
16 Heart disease	...	...	M	41	—	—	—	—	—	1	14	14	12	47	—	—	—	—	1	—	11	14	21		
			F	57	—	—	—	—	—	2	16	15	24	68	—	—	—	—	—	1	18	24	25		
17 Arterio-sclerosis	...	...	M	9	—	—	—	—	—	—	4	3	2	20	—	—	—	—	—	2	5	13	—		
			F	10	—	—	—	—	—	—	4	2	4	18	—	—	—	—	—	2	5	10	—		
18 Bronchitis	...	...	M	13	1	—	—	—	—	1	1	4	6	28	2	—	—	—	—	5	3	18	—		
			F	20	2	—	—	—	—	—	5	1	2	18	—	—	—	—	—	—	4	23	—		
19 Pneumonia (all forms)	...	...	M	13	3	2	—	—	—	—	5	3	14	30	2	1	—	—	—	—	—	—	—		
			F	10	2	—	—	—	—	—	2	1	2	18	1	4	—	—	1	3	3	2	4		
20 Other respiratory diseases	...	...	M	2	—	—	—	—	—	—	2	3	3	15	—	—	—	—	—	3	3	9	—		
			F	3	1	—	—	—	—	—	2	—	—	4	—	—	—	—	—	—	1	3	—		
21 Ulcer of stomach or duodenum	...	...	M	1	—	—	—	—	—	—	1	1	—	5	—	—	—	—	—	2	2	1	—		
			F	2	—	—	—	—	—	—	1	—	—	3	—	—	—	—	—	1	2	—	—		
22 Diarrhœa, &c.	...	...	M	1	—	—	—	—	—	—	1	—	—	1	—	—	—	—	1	—	—	—	—		
			F	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
23 Appendicitis and typhlitis	...	...	M	4	—	—	—	—	—	—	1	2	—	2	1	—	—	—	—	—	1	—	—		
			F	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
24 Cirrhosis of liver	...	...	M	—	—	—	—	—	—	—	1	1	—	1	—	—	—	—	—	1	—	—	—		
			F	1	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	1	2	1	—		
25 Acute and chronic nephritis	...	...	M	12	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	1	—	—	—		
			F	10	—	—	—	1	—	—	4	5	2	13	—	—	—	—	2	4	5	2	—		
26 Puerperal sepsis	...	...	M	—	—	—	—	—	—	—	4	4	2	8	—	—	—	—	—	4	2	2	—		
			F	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
27 Other accidents and diseases of pregnancy and parturition	...	...	M	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—		
			F	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
28 Congenital debility, and mal-formation, premature birth	...	...	M	17	17	—	—	—	—	—	—	—	—	5	—	—	—	1	4	—	—	—	—		
			F	8	7	1	—	—	—	—	—	—	—	27	27	—	—	—	—	—	—	—	—		
29 Suicide	...	...	M	2	—	—	—	—	1	—	—	—	—	5	—	—	—	—	1	3	—	—	1		
			F	3	—	—	—	—	—	—	2	1	—	1	—	—	—	—	—	1	—	—	—		
30 Other deaths from violence	...	...	M	13	1	—	—	1	—	5	4	1	1	16	1	—	—	—	—	5	4	—	—		
			F	7	—	—	1	—	1	2	1	—	2	8	—	—	2	1	3	2	1	3	—		
31 Other defined diseases	...	...	M	77	5	1	—	1	3	6	16	15	30	90	5	—	1	4	4	1	14	16	45		
			F	91	1	—	1	1	2	5	17	16	48	105	4	—	—	1	1	10	16	16	57		
32 Causes ill-defined or unknown	...	...	M	1	—	—	—	—	—	—	—	—	—	2	—	—	—	—	1	—	—	—	—		
			F	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	1	2	—	—	—		



TABLE II.

## VITAL STATISTICS OF COUNTY FOR 1926 AND PREVIOUS FIVE YEARS.

<i>Births Nett.</i>				<i>Deaths Nett.</i>			
				<i>Under 1 year.</i>		<i>All ages.</i>	
				<i>Rate per</i>			
				<i>1,000</i>			
	<i>Population.</i>	<i>No.</i>	<i>Rate.</i>	<i>No.</i>	<i>births.</i>	<i>No.</i>	<i>Rate.</i>
1921	129094	2291	17.7	132	58	1497	11.6
1922	129591	2125	16.4	127	59	1641	12.7
1923	*BR 129770	2140	16.5	110	51	1489	11.5
	†DR 129516						
1924	*BR 130070	1993	15.3	105	53	1609	12.4
	†DR 129800						
1925	*BR 129810	1944	14.3	99	51	1514	11.7
	†DR 129290						
1926	*BR 129020	1964	15.2	104	53	1522	11.8
	†DR 128470						

\*BR indicates population for calculating Birth Rate.

†DR       ,,               ,,               ,,               ,,               Death Rate.

TABLE III.

NOTIFICATIONS OF INFECTIOUS DISEASE RECEIVED DURING THE  
YEAR 1926.

	Cambridge.	Caxton and Arrington.	Chesterton.	Linton.	Melbourn.	Newmarket.	Swavesey.	Total.	Admitted to Hospital.	Died.
Small-pox ...	1	—	—	—	—	—	—	—	1	1
Diphtheria ...	93	—	2	—	1	4	—	100	95	2
Scarlet Fever...	106	—	69	10	5	54	16	260	191	—
Enteric Fever	1	—	—	1	—	1	—	3	1	1
Puerperal Fever	2	1	1	—	—	1	—	5	1	1
Puerperal										
Pyrexia	2	2	—	1	—	2	—	7	—	—
Pneumonia ...	19	5	27	—	6	11	—	68	—	56
Erysipelas ...	18	1	5	3	4	7	—	38	1	—
Encephalitis										
Lethargica	3	1	1	—	1	2	—	8	4	7
Cerebro-Spinal										
Meningitis	—	—	—	—	—	—	—	—	—	*1
Acute										
Poliomyelitis	3	—	3	1	1	—	—	8	—	1
Ophthalmia										
Neonatorum	9	—	2	—	—	—	—	11	—	—
Tuberculosis:										
Pulmonary ...	—	—	—	—	—	—	—	218	...	95
Non-Pulmonary	—	—	—	—	—	—	—	56	...	15

\* Meningo-coccal Meningitis.





